# IN THE UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

|                               | X                           |    |
|-------------------------------|-----------------------------|----|
| In re:                        | )<br>) Chapter 11           |    |
| DELPHI AUTOMOTIVE SYSTEMS LLC | )<br>Case No. 05-44640 (RD) | D) |
|                               | )                           |    |
| Debtor.                       | )<br>x                      |    |
|                               |                             |    |

# NOTICE OF TRANSFER OF CLAIM PURSUANT TO FRBP RULE 3001(e)(2)

1. TO: **AXON' CABLE INC.** ("Transferor")

1314 Plum Grove Rd. Schaumburg, IL 60173 Attn: Myron Friedman Telephone: (847) 230-7800 Facsimile: (847) 230-7849

2. Please take notice of the transfer, in the amount of \$513,080.99, of your general unsecured claim against DELPHI AUTOMOTIVE SYSTEMS LLC, above, as evidenced by the Proof of Claim No. 14027 (attached in <u>Exhibit A</u> hereto) and as relating to the claim scheduled against the Debtor in its schedule of liabilities in the name of Axon'Cable Inc. has been transferred to:

## GOLDMAN SACHS CREDIT PARTNERS L.P. ("Transferee")

c/o Goldman, Sachs & Co. 30 Hudson, 17th Floor Jersey City, NJ 07302

Attention: Pedro Ramirez
Telephone: (917) 343-8319
Fax: (212) 428-1243

An evidence of transfer of claim is attached hereto as  $\underline{\text{Exhibit B}}$ . All distributions and notices regarding the transferred portion of the claim should be sent to the Transferee at the instructions attached in  $\underline{\text{Exhibit C}}$ .

3. No action is required <u>if you do not object</u> to the transfer of your claim. However, **IF YOU OBJECT TO THE TRANSFER OF YOUR CLAIM, WITHIN <u>20 DAYS</u> OF THE DATE OF THIS NOTICE, YOU MUST:** 

|                                  | FILE A WRITTEN OBJECTION TO THE TRANSFER with:                                                                                                                                      |  |  |  |  |  |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
|                                  | United States Bankruptcy Court Southern District of New York Attn: Clerk of Court Alexander Hamilton Custom House One Bowling Green                                                 |  |  |  |  |  |
|                                  | New York, NY 10004-1408                                                                                                                                                             |  |  |  |  |  |
|                                  | SEND A COPY OF YOUR OBJECTION TO THE TRANSFEREE.                                                                                                                                    |  |  |  |  |  |
|                                  | Refer to INTERNAL CONTROL NO in your objection and any further correspondence related to this transfer.                                                                             |  |  |  |  |  |
| TIMELY F                         | you file an objection, a hearing will be scheduled. IF YOUR OBJECTION IS NOT FILED, THE TRANSFEREE WILL BE SUBSTITUTED FOR THE TRANSFEROR ON ORDS AS A CLAIMANT IN THIS PROCEEDING. |  |  |  |  |  |
|                                  | CLERK                                                                                                                                                                               |  |  |  |  |  |
| Γhis notice<br>2006.<br>INTERNAL | RK'S OFFICE USE ONLY:  was mailed to the first named party, by first class mail, postage prepaid on                                                                                 |  |  |  |  |  |
|                                  | Deputy Clerk                                                                                                                                                                        |  |  |  |  |  |

# EXHIBIT A

PROOF OF CLAIM

#### FORM B10 (Official Form 10) (10/05)

| UNITED STATES BANKRUPTCY COURT Southern DISTRICT OF New York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                           |                                                                                                                        | DDOOL OF CLASS                   |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|--|
| Name of Dehtor  Delphi Automotive Systems LLC  Case Number 05-44640 (RDD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                           |                                                                                                                        | PROOF OF CLAIM                   |  |  |
| NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                           |                                                                                                                        |                                  |  |  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property):  Axon Cable Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.      Check box if you have never received any |                                                                                                                        |                                  |  |  |
| Name and address where notices should be sent: Thomas R. Fawkes Friseborn & Poters LLP 311 S. Wacker Dr., Sule 3000 Chicago, Minois 50608 Telephone number: 312-360-6000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | noticase  Case Che addi                                                                                                                                                                   | ces from the bankruptcy court in this<br>ck box if the address differs from the<br>cess on the envelope sent to you by | THIS SINCE IS HAN COURT USE ONLY |  |  |
| Last four digits of account or other number by which creditor identifies debtor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Che                                                                                                                                                                                       | court.<br>ck here □ replaces<br>is claim □ amends a previously file                                                    |                                  |  |  |
| 1. Basis for Claim  Goods sold Services performed Money loaned Personal injury/wrongful death Taxes  Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (fill out below) Last four digits of your SS #: Unpaid compensation for services performed fromto                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                           |                                                                                                                        |                                  |  |  |
| 2. Date debt was incurred: 1/7/2005 - 10/7/2005 3. If court judgment, date obtained:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                           |                                                                                                                        |                                  |  |  |
| 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 513,080.99  ☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.  Secured Claim ☐ Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral:                                                                                                                           |                                                                                                                                                                                           |                                                                                                                        |                                  |  |  |
| Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of entitled to priority.  Amount entitled to priority \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Vehicle Other————————————————————————————————————                                                                                                                                         |                                                                                                                        |                                  |  |  |
| Specify the priority of the claim:  Up to \$2,225* of deposits toward purchase, lease, or rental of proper or services for personal, family, or household use - 11 U.S.C.  5 507(a)(7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                           |                                                                                                                        |                                  |  |  |
| (a)(1)(B)  Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).  Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                           |                                                                                                                        |                                  |  |  |
| 5. Total Amount of Claim at Time Case Filed:  S 513,080.99 (urecured) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                           |                                                                                                                        |                                  |  |  |
| interest or additional charges.  6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. |                                                                                                                                                                                           |                                                                                                                        |                                  |  |  |
| Date Sign and print the name and title, if any, of file this claim (attach copy of power of atte Myrn Friedrica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | orney, if ar                                                                                                                                                                              | or or other person authorized to by):  Controll(r                                                                      |                                  |  |  |

# EXHIBIT B

## **EVIDENCE OF TRANSFER OF CLAIM**

### **EXHIBIT A**

#### EVIDENCE OF TRANSFER OF CLAIM

TO: Clerk, United States Bankruptcy Court, Southern District of New York

THE ENTITY WHOSE SIGNATURES APPEARS BELOW ("Assignor"), for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, does hereby unconditionally and irrevocably sell, transfer and assign unto Goldman Sachs Credit Partners L.P. ("Assignee") all rights, title and interest in and to the claims in the principal amount of not less than \$513,080.99, as set forth on the attached addendum, of Assignor against Delphi Automotive Systems LLC and its affiliates (collectively, the "Debtors") in their Chapter 11 proceedings under the U.S. Bankruptcy Code, 11 U.S.C. §§ 101 et seq. (the "Code") pending before the United States Bankruptcy Court for the Southern District of New York (the "Court") in which Debtors are debtors and debtors-in-possession, Case Number 05-44481(RDD) (Jointly Administered), (the "Claim") and Assignee is now the sole owner of such Claim.

Assignor hereby waives any objection to the transfer of the Claim to Assignee on the books and records of the Debtors and the Court, and hereby waives to the fullest extent permitted by law any notice or right to a hearing as may be imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, the Code, applicable local bankruptcy rules or other applicable law. Assignor acknowledges and understands, and hereby stipulates, that an order of the Court may be entered without further notice to Assignor transferring to Assignee the Claim and recognizing the Assignce as the sole owner and holder of the Claim. Assignor further directs the Debtor, the Court and all other interested parties that all further notices relating to the Claim, and all payments or distributions of money or property in respect of Claim, shall be delivered or made to the Assignee.

IN WITNESS WHEREOF, dated the 7th day of September, 2006.

Name:

Title:

Controller Telephone: (847) 230-7800

## **EXHIBIT C**

## Address for Notices:

Goldman Sachs Credit Partners L.P. c/o Goldman, Sachs & Co. 30 Hudson, 17th Floor Jersey City, NJ 07302

Attention: Pedro Ramirez
Telephone: (917) 343-8319
Fax: (212) 428-1243

## Wire Instructions:

Citibank N.A.

New York, New York

ABA No.: 021000089 Acct. No.: 40717188

Acct. Name: Goldman Sachs Credit Partners L.P.
Reference: Delphi Trade Claim from Axon Cable
Attention: Bank Loan Operations – Philip F. Green